

A bill for an act

relating to human services; modifying the commissioner's duties related to the state medical review team; amending Minnesota Statutes 2009 Supplement, section 256.01, subdivision 29.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2009 Supplement, section 256.01, subdivision 29, is amended to read:

Subd. 29. **State medical review team.** (a) To ensure the timely processing of determinations of disability by the commissioner's state medical review team under sections 256B.055, subdivision 7, paragraph (b), 256B.057, subdivision 9, paragraph (j), and 256B.055, subdivision 12, the commissioner shall review all medical evidence submitted by county agencies with a referral and seek additional information from providers, applicants, and enrollees to support the determination of disability where necessary. Disability shall be determined according to the rules of title XVI and title XIX of the Social Security Act and pertinent rules and policies of the Social Security Administration.

(b) Prior to a denial or withdrawal of a requested determination of disability due to insufficient evidence, the commissioner shall (1) ensure that the missing evidence is necessary and appropriate to a determination of disability, and (2) assist applicants and enrollees to obtain the evidence, including, but not limited to, medical examinations and electronic medical records.

(c) The commissioner shall provide the chairs of the legislative committees with jurisdiction over health and human services finance and budget the following information

on the activities of the state medical review team by February 1, ~~2010, and annually~~
~~thereafter~~ of each year:

(1) the number of applications to the state medical review team that were denied,
approved, or withdrawn;

(2) the average length of time from receipt of the application to a decision;

(3) the number of appeals ~~and~~, appeal results, and the length of time taken from the
date the person involved requested an appeal for a written decision to be made on each
appeal;

(4) for applicants, their age, health coverage at the time of application, hospitalization
history within three months of application, and whether an application for Social Security
or Supplemental Security Income benefits is pending; and

(5) specific information on the medical certification, licensure, or other credentials
of the person or persons performing the medical review determinations and length of
time in that position.

(d) Any appeal made under section 256.045, subdivision 3, of a disability
determination made by the state medical review team must be decided according to the
timelines under section 256.0451, subdivision 22, paragraph (a). If a written decision is
not issued within the timelines under section 256.0451, subdivision 22, paragraph (a), the
appeal must be immediately reviewed by the chief appeals referee.